

pplication or Docket Number

PATENT APPLICATION FEC DETERMINATION RECORD Effective October 1, 2001

10/069906

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE ()			OTHER THAN R SMALL ENTITY											
TOTAL CLAIMS			, 30.0				ſ	RATE	FEE	он Т												
FOR -			N. 11 (25 D 51) = 1						1	-	RATE	FEE										
			NUMBER FILED NUM		NUMBE	R EXTRA		BASIC FEI	445	OR	BASIC FEE	890										
TOTAL CHARGEABLE CLAIMS			15 minus 20= *					X\$ 9=		OR	X\$18=											
<u> </u>	DEPENDENT C		minus 3 = *			<u> </u>		X42=		OR	X84=											
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+140=	140	OR	+280=	U										
*1	f the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	585	OR	TOTAL											
	C	LAIMS AS A	MENDE	DED - PART II					202	10	OTHER	THAM										
		(Column 1)		(Column	12) ((Column 3)		SMALL	ENTITY	OR	SMALL											
AMENDMENT A		CLAIMS REMAINING AFTER - AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE :	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	<u> </u>	Minus	***		=		X42=		OR	X84=											
<u> </u>	FIRST PRESE	NTATION OF MI	JUITPLE DEI	PENDEŅIC	LAIM .			+140=		OR	+280=											
							L	TOTAL		1	TOTAL											
ADDIT, FEEOH ADDIT, FE											ADDIT. FEE											
		(Column 1) CLAIMS	Maria Control	(Column HIGHES		Column 3)	_	<u> </u>														
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:: .	RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
AME	Independent	*	Minus	***		=	╽┠	X42=		OR	X84=											
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT CL	LAIM			+140=			+280=	· · ·										
							L	TO: 7	art haden standarde grade harrogen e. g. e	OR	+200=											
							A	DIT. FEE L		₩.	ODIT. FEEL	 ¦										
_	Processor of the American Re-	(Column 1) CLAIMS	internative our resou	(Column		Column 3)					_											
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Aliaus	***	=	-		λ\$ 5= ⁻¹		OR	2.S18=											
	Independent	*	Minus	***		=	-	X42=		ı	X84=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .									OR [
• 1	f the entry in colur	nn 1 is less than th	e entry in colu	nn 2 write "0"	' in colum	nn 3	L	+140=		OR [+280=											
** 1	f the "Highest Nur If the "Highest Nur	nber Previously Pa nber Previously Pa	id For" IN THIS id For" IN THIS	S SPACE is les S SPACE is les	ss than 2 ss than 3	20, enter "20." 3, enter "3."		DIT. FEE L		* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												